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CALIFORNIA

MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of
Medicine, Surgery, and the Collateral Sciences.

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Address all Correspondence to

California Journal Company, 1422 Folsom St., San Francisco, Cal.

Vol. XIII

JUNE, 1892.

No. 6.

Entered at the San Francisco Post Office, as Second Class Matter.

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DR. EGBERT H. GRANDIN, Obstetric Surgeon New York Maternity Hospital, Infant Asylum, etc. "Peroxide of Hydrogen in Gynecology and Obstetrics." *The Times and Register of Philadelphia, Pa.*

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California Medical Journal

\$1.50 per Year: Single Copies 15 Cents.

Published by the California Journal Company, San Francisco.

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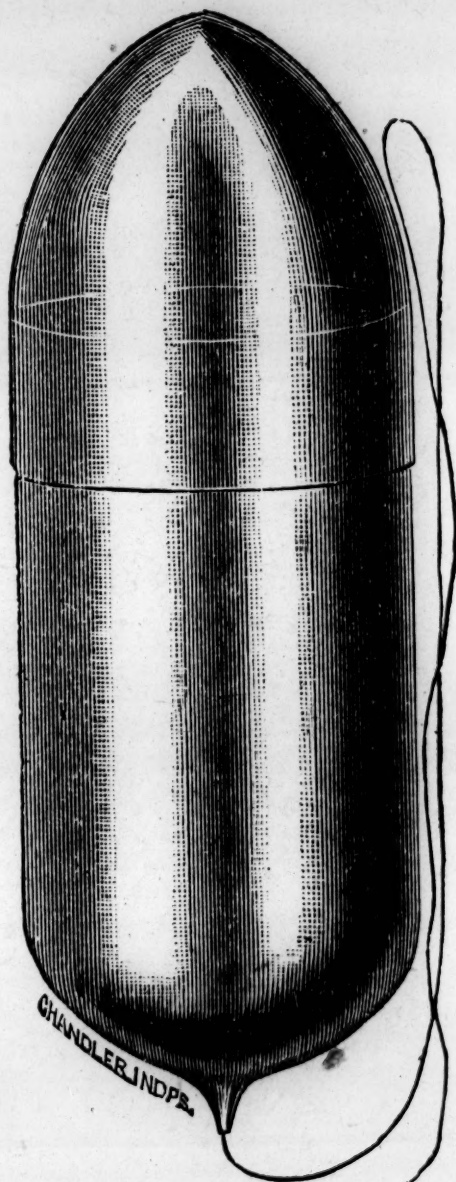
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VOL. XIV. } SAN FRANCISCO, CAL., JUNE, 1892. } No. 6.

The Board of Examiners of the Electic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

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Science Made Easy.

DIPHThERIA.

AN OPEN LETTER BY PROFESSOR C. N. MILLER.

TO MRS. L.——, OAKLAND, CAL.:

Dear Madam: You write that, “yourself and child have just returned from a visit to the country; that you have both been exposed to diphtheria, and that you want to know when you will begin to be ill, and *all about* the disease.”

In reply, permit me to say that your request is rather comprehensive; but with all due modesty, I will endeavor to tell you, if not *all about* diphtheria, at least a few facts regarding the disease, that will be easy of comprehension, and of practical value.

It is hardly probable that diphtheria, like the mumps, measles, scarlet fever and small pox, is, strictly speaking, a contagious disease. For instance, if a susceptible person, child or adult, be exposed to the specific poison which causes the disease known as the measles, it may be predicted, that within a week or ten days, the various symptoms of the disease will, one after another, begin to appear; but with diphtheria, no. That is rather an *infectious*, than a contagious disease. It is caused by some hidden, miasmatic influence, that has been slowly depressing and loading the system with poison for, no one knows, just how long.

To illustrate, it is possible to contract diphtheria from a country privy, which is usually a little house, built over a hole in the ground, with no escape for the poisonous gases except through the house itself; but it is not possible to take the mumps nor measles in that way.

Again, one can take the diphtheria from no other exposure than from inhaling the sewer gas of our cities, but he cannot get the small-pox in that way. You understand?

Now, many people, including most physicians, believe that the diphtheria poison is a ptomaine generated by a microbe, the bacillus of Loeffler; and that the bacilli can be transferred from one person to another, and that if thus introduced into the body, of even a perfectly healthy person, they will immediately begin to multiply and to produce the poison that causes the distressing symptoms of diphtheria.

I doubt that. Not that there are bacilli of a special kind, found in diphtheritic membrane, but I doubt whether they can live and multiply, if planted in a healthy person. That would be contrary to nature. We would have no immunity. The human race would be liable to become extinct, from the ravages of the bacillus of Loeffler. No. Normal tissue will

not afford lodgement, nor normal blood, pabulum for the developement of pathogenic micro-organisms of any kind.

If one be in a "run-down" state, and his blood be loaded with effete matter, he is in a condition favorable for the development of the microbe in question, as dry gunpowder is ready for the coming of a spark. Perhaps *then* the disease may be started from coming in contact with one who is ill with it. But just how long after the microbes have been taken into the system, before the symptoms of diphtheria begin to appear, has not been very accurately determined. Probably not more than from five to ten days.

Uneasiness need not arise simply because one has been in accidental contact with the disease. A person in good health should about as soon expect to "catch" a broken arm from going into a room where there is a person with a broken arm, as to contract diphtheria from being in company with one who has diphtheria.

If one is going to have diphtheria, he will at first notice more or less depression of health and spirits, which may last for several days; finally there will be chilly sensations, followed by fever, loss of appetite, headache, "bones ache," coated tongue, sore throat with canker spots, etc., etc. You can not mistake it.

What shall you do? Why, help rid the system of all impurities, so that the microbes may starve; and if you can poison the bacilli themselves, without doing more harm than good, then do it. But remember, nature herself is quite competent to take care of the bacilli, if you give her a chance; and if you are not skilled in helping her, try at least not to increase her labors, nor to paralyze her efforts. It is not so much the presence of microbes that you need fear, but the condition of the blood that renders their presence possible.

This is a distinction with a difference. With this difference in mind, your treatment can be reduced to a science; but if this difference be overlooked, your treatment will be a jargon of experiment.

To begin with, then, let us assume that the disease is simply remedial effort on the part of nature. Injurious substances, be they ptomaines, or what not, have accumulated in the blood and various tissues of the body, and are now to be removed. Nature is to do a little house-cleaning and renovating.

In this process, there is first to be a pulling down and casting out, followed by a renewal and building up; and it will bring confusion, distress, and often times disaster, to interfere with this order.

In house-cleaning the old carpets are taken up, the dust removed, and the floors wiped, before the materials for the new carpets are brought in. If, in an endeavor to assist in the work, we should bring in the new carpets and begin to sew and lay them before the old ones had been removed, we should add to the labor of the occasion, and cause confusion and despair.

Now, the tissues are built up from the food we eat; clearly then, while nature is tearing down, and casting out the debris, we shall only interfere, and seriously interfere, by bringing food upon the field of action before she is ready for it. Usually she gives us a very strong hint to stand back with the food, by taking away all appetite, and rendering the throat so sore that it is nearly or quite impossible to swallow.

But with the mistaken idea of supporting the strength, food is often forced upon the patient, in spite of nature's hints to the contrary. That is like supporting the house-wife's

strength by adding tenfold to her labors. Nature often sinks under the extra burden imposed by our very kindness, and a funeral is the outcome.

No, until the process of pulling down is completed, until the fever subsides, let there be no food, properly so called; no food that will call for the labor of digestion, or that will mingle much nutriment with the debris with which the veins are loaded. A little carefully prepared beef tea, that can be disposed of with the least effort, may at times be useful; but never any thing but that, and we should watch carefully lest harm be done even with that.

So much for food. Guard well the mouth, and if you are not thus actually helping to renovate, you are at least giving nature a fair chance; and you will be surprised to see with what certainty and rapidity she will work. Do not be alarmed because the patient does not eat; the microbes will starve, and be all carried out of the body, long before the system will suffer for want of food. Men have lived forty days without eating. It would be a tough lot of microbes that can resist nature's efforts longer than six days, if only you stand back and see fair play.

The body is purified by the agency of the lungs, the skin, the kidneys and the bowels. Turn your attention to each of these organs, and see that they are kept at work. Give the lungs plenty of pure, sun-warmed air, free from all suspicion of mustiness or sewer gas, and obtained, if possible, at least one story from the ground.

The fearful odor coming from the lungs will be a hint to you of the good work that is being carried on through their agency. Every breath is loaded with the gases that result from the burning of waste matter in the tissues. This burning is accompanied by increased heat of the entire body, and

a quickened action of the heart We call effort in this direction a fever.

This effort is, of course, beneficial, and is not to be feared if not excessive; and it will not be excessive if the labor of purification be divided, and each organ does its own part. To partially paralyze the heart by powerful drugs, so that it is not able to beat rapidly, is a short-sighted way of controlling the circulation. Leave the heart alone, it is not to blame. See what the skin, kidneys, liver and bowels are up to, and the heart will take care of itself.

If the skin be doing its part of the work, it will be cool and soft; and if it be not cool and soft, then *make it so*. A sponge and a wash-bowl of cool water, to which has been added a little ammonia, will be all that you will need; use it as often and freely as may be necessary. If you are afraid of that, use pure olive oil; or, better still, fresh lard, to every ounce of which has been added half a drachm of quinine; anoint the entire skin from neck to toes, freely, as often as it becomes hot and dry.

To aid the skin by internal medication, add two teaspoonfuls of Lloyd's Tincture of *Asclepias Tuberosa* to half a glass of water, and give a teaspoonful of the mixture every two hours.

If the kidneys be working well, the urine will be copious in quantity, of a light color, and free from sediment and odor. If this be not the character of the urine, then *make it so*. Give your patient plenty of pure, soft, *hot* water to drink, and the kidneys will ask no further favors of you. You can obtain pure water by melting ice; that, that is made from distilled water is of course, the best.

To stimulate the liver to a little extra effort, give a half a teaspoonful of sulphur, mixed with syrup or sugar of milk,

every hour or two for the first day, and after that, four or five times a day. Let the bowels be emptied night and morning, by throwing into them with a small syringe, three or four teaspoonfuls of glycerine.

Thus far our efforts have been mainly indirect and negative; though, if they have been intelligently managed, we shall soon see positive and happy results. But can we be of still further assistance by attempting the artificial destruction of the microbes?

Undoubtedly, yes. Still, man is not simply a traveling culture tube, and we should remember that our utmost endeavors in this direction can be but of secondary importance; that we must never try to supercede, but only to further nature's own efforts. The best of all germicides is healthy blood-serum. With this guide in mind, our attempts will be scientific, and therefore successful.

Of course, our special efforts are to be directed to the throat, which is the base of operations of the invading bacilli. They flourish best in a high temperature. Suppose we change the climate of the locality they inhabit, and put a cooler on their zeal. We can do much toward paralyzing their activities and blighting their prospects by giving the patient bits of ice to hold in his mouth, and slowly to swallow.

This has in its favor that it can be kept up quite continuously, calls for no effort on the part of the patient, is always agreeable, and does not interfere with other treatment. If this cooling be interrupted occasionally by freely gargling with *very hot* water, the invaders will be still further astonished and discouraged. In some cases, this will be all the local treatment needed.

As for medicated gargles or sprays, everything has been tried, from tincture of capsicum and corrosive sublimate, to

chlorine water and carbolic acid. Probably the best for family use is a gargle of Listerine and water, equal parts. Alternate this, hourly, with a gargle of the following:

Tincture of iron, half a drachm;

Saturated solution of the chlorate of potash, four ounces;

Glycerine, two ounces.

These may be varied occasionally by a gargle of equal parts of the peroxide of hydrogen and water. Externally, we shall find the throat hot, swollen and tender. We will cool it: apply a linen cloth, saturated with a mixture of equal parts of glycerine, Pond's Extract and Listerine.

Can we attack the bacteria through the blood without doing harm? Yes. Add twenty drops of Lloyd's tincture of Phytolacca to the mixture of Asclepias and water which you have for the skin. In another half a glass of water put two teaspoonfuls of Lloyd's tincture of Echinacea, and give a teaspoonful of the mixture every two hours. Let the time for giving be the hour that is missed in giving the asclepias, so that one of them will be given every hour. These will not interfere with the following, which may be given four or five times a day:

Tincture of iron, one teaspoonful;

Sweetened water, two ounces.

Dose of the solution, a teaspoonful in a little water.

When the process of purification is completed, the fever will subside, the breath will lose its odor, the soreness of the throat will be nearly or quite gone, the tongue cleaned up, the whites of the eyes will lose their yellow tinge, the urine will flow freely, and the skin will be cool and moist; then nature is ready to begin the building up process. The patient will begin to talk continually of eating, and will even

dream of something to eat. Beef-steak, toast and Baker's cocoa can now, with safety, be added to the bill of fare.

There, if you do not now know "all about" diphtheria, you at least know enough to manage an easy case; that is, one that is not in too bad a condition to start with; and if you need to call in a physician, you can give him intelligent assistance.

If the patient have favorable surroundings, and an intelligent nurse, diphtheria is not, as a rule, a difficult nor dangerous disease to treat. Do not worry nor be afraid.

Yours, very truly,

Dr. C. N. MILLER,

Cor. 19th & Howard Sts., San Francisco.

Specific Medicine and Specific Medication.

A. B. Simmons, M. D.

The specific indications for the use of the special sedatives, acids, alkalies, anti-septics, etc., have been written upon so much it would seem that every Eclectic Physician must be well posted in their uses; but surely every observing physician in active practice must occasionally discover some special indication for a new remedy or a new indication for an old one, either by accident or by experimentation. In this way some of our most valuable remedies have been added to our *armantarium medicum*.

Some of the writer's experience in this line may not be entirely devoid of interest.

In May, 1873, I was treating a case of inflammatory rheumatism in a young man, a farmer.

The first attack yielded to treatment in reasonable time, but owing to patient trying to plow too soon, a relapse occurred.

This was repeated the second time and each time the disease became more stubborn and unyielding to remedies. One day in my examination I noticed a peculiar condition of the mucus membrane of the tongue, mouth and throat, it presenting a marked, gray ashy, color with sleek, glistening appearance in the roof of the mouth, membrane seemed drawn so tight as to exclude the red corpuscles of the blood, the whole presenting a clean aseptic condition. Not knowing just what this aspect indicated and the patient not doing well under the treatment I began casting around for something better; in my extremity thought of *Phytolacca Decandra* and its repeated anti-rheumatic properties, and concluded to give it on general principles.

R Specif. Tinct. *Phytolacca Dec.* Rad. ʒi

Aqua. ʒiv

Mix. Sig. Teaspoonful every hour for six hours; then every two hours until I returned.

Upon returning next day found marked improvement in all the symptoms, color returning to the mucus membrane, fever perceptibly less, pain much relieved and patient more cheerful; continued treatment and I see by my notes that for three days but little medicine was given except the *Poke Root*, at the end of which time convalescence was well established. No more relapses occurred.

Remembering this it was not long until another case presented, upon which to further test the remedy; this time, in a case of intermittent fever, that fell into my hands after going the rounds of Quinine, Smith's Tonic and "the Lord only knows" what else, there was a marked indication for *Poke Root*. A week's use of the remedy put the patient to work, with no more quinine. Since then I have used it in hundreds of cases, always with success when indications presented, no

matter what the name of the disease might be, according to the nosology of the books.

The most marked success and positive proof of the *specific* effect has been in the treatment of Pseudo-Membranous Croup, the writer having the misfortune to meet with 21 cases of this formidable malady in 5 or 6 years from about 1875 to 1881.

Of the 21 cases 7 were relieved, cured by Phytolacca, 3 by Tracheotomy and 11 died. In the 7 cases the mucus membrane presented unmistakable Phytolacca symptoms, the eleven fatal cases presented only negative symptoms, i. e. no special symptoms except those peculiar to croup; and operative measures being positively refused, my only alternative was to treat the cases according to the plans laid down in the books and journals, in the vain hope of loosening and expelling the membrane, which with me thus far has proven a lamentable failure, the membrane always returning faster than I could get rid of it.

In several of the fatal cases enough membrane was expelled in casts and shreds to have encircled the Trachea half a dozen times and yet the patients died, some by gradual suffocation, others by choking on masses of loosened membrane.

To succeed with the Phytolacca in any case a reliable preparation must be used, do not rely upon the fluid extracts of the stores, as most of them will give a tinct. of rotten wood. I use a specific tinct. made from the recently dried root. In Illinois I made my own tinct. from the recently dried root, gathered in the fall after the ripening of the berries, sliced crosswise and dried until most of the water was evaporated, then use 8 ounces to 75% alcohol 1 pint, macerate two weeks and filter, as the berries do not grow in California, so far as I know. I use Lloyd's Specific Tinct. and find it reliable.

Some may ask what evidence I have that the Poke Root cured my cases. I might answer this in Yankee fashion, by asking how do we know that medicine cures anything? Simply because patients die under one treatment and recover under another, and in my cases every one that presented the indications for the remedy, recovered, and all others except those operated upon died.

New Jerusalem, Cal.

A Case in Practice.

• H. Michener, M. D., Halsey, Oregon.

In February, J. W., a young man 18 years of age, sent in for some medicine for "hives" which he said were very large and produced intolerable itching. I sent him the medicine but in a few days he came in to see me as they were becoming worse. Upon examination I found the buttocks, the left breast, and scalp to be covered with "hives" or swellings, as large as the palm of one's hand, very hard and elongated in shape. Upon close examination there appeared an opening in each and upon strong pressure a worm half an inch in length and as large around as cheat straw made its appearance. About a dozen worms were removed at different times. After being removed they lived some four or five hours and would crawl over a table at a respectable speed.

Having had experience herding cattle in Kansas and seeing many cases of "warbles," such I pronounced these to be, as in appearance they were identical.

He visited other physicians who said they knew not what they were nor what to do. He returned to me for treatment which I gave.

Knowing the family to be afflicted with *chronic hydrophobia* and a dread of changing underwear, I prescribed baths

twice a week, using plenty of soap and friction with flesh brushes, changing underwear with each bath. Internally I gave him Sulphur, grs. ij, each evening. After following this treatment for a couple of weeks no more "warbles" made their appearance and for once he was clean. I ordered the baths continued once a week as a prophylactic measure and through dread of a like visitation the whole family are using the treatment much to the pleasure of the community.

Vaginitis.

D. Maclean, M. D.

The mucous membrane of the Vagina being different from other mucous membranes of the body, any inflammation by which it may be involved, acts not unlike inflammation of the skin. In a simple case the treatment that would be applicable to the one, would not be far out of the way for the other. There is this difference however, that owing to the location, the secretions in the vagina are more likely to be retained and increase the irritation.

The most important part of the treatment is frequent irrigation with large quantities of hot water containing boracic acid, 3j to the oj. After the irrigation, the parts should be dried and painted with a 4 per cent. Solution of Cocaine, then the walls separated by strips of lint saturated with Lloyd's Hydrastis. The cocaine and lint should be applied by the use of a Sim's Speculum.

In severe cases where ulceration exists, or the discharge profuse a 3j of Sulphate of Zinc to the quart of hot water makes a very valuable and effective douche. Pencilling the mucous surface with a Solution of nitrate of Silver, twenty grains to the ounce, will also be found valuable in these

cases. The internal treatment should be to meet the conditions as indicated. If fever is present diaphoretics and saline laxatives will be found to afford relief.

Leontin as a Partus Preparator.

E. H. Goyer, M. D.

The following cases from my note book will illustrate the uses of this valuable remedy:

Case 1. Was called on August 5, 1889, to see Mrs. F. who was sick with typhoid fever. Found that she was five months pregnant. When convalescence was established, gave her Leontin in ten drop doses in water three times a day as a partus preparator. On arriving at full term, the first pain came on while at breakfast. Her husband immediately came to town for me, about eight miles distant. Before I could get there the child was born—in less than an hour from the time of husband's departure. She suffered severely with her first child, being in labor at that time about thirty-six hours with an allopathic physician in attendance.

Case 8. Mrs. L., who was always subjected to a protracted labor, after taking Leontin for two months previous to her confinement, the labor was so rapid, that her husband had not time to come for me, about three quarters of a mile to my office.

Case 17. Was called at night on October 27, 1890 to deliver Mrs. D. Found her in labor pains at the eighth month. The os was partly dilated and labor progressing slowly. Gave her Leontin with the expectation of facilitating the matter to a final termination, she having lost some of the "waters." Was surprisingly disappointed, for the os closed up and the patient went on to full term, when she was de-

livered of a fine ten pound boy. She had not taken Leontin previously to the eighth month.

Case 27. Was called the night of August 9, 1891, to assist Mrs. S. in her first confinement. Also put her on Leontin at the seventh month. When the first pain came on she immediately sent for the writer, about six miles from town. Drove my horse as fast as he could go, and he was a speedy animal, and still could not get there in time. It was one hour and three quarters from the time the first pain came on until the child was born.

In the twenty seven cases, there was only three that went over four hours; in these cases, the bones of the pelvis were rather firm and closely built. In the other twenty four cases, the average duration of labor being about two hours.

Such is the effect of Llyod's Leontin on the pregnant uterus it is the *sine qua non*. This article is written in the interest of suffering womanhood as well as to make the life of the physician a little more bearable.

Wax in the Ears.

A. S. Tuckler, Class '92, C. M. C., S. F.

A simple method of removing "wax in the ears," is to take per-oxide of hydrogen, (Marchand's) warm it in a water bath, then with an atomizer spray the meatus for about five minutes. This will soften and partially dissolve the cerumen. An ear spoon will now remove the mass and to the surprise of the patient, the sense of hearing will be immediately restored. A little more of the spray to cleanse the parts will be all that is necessary. This is a far safer method than the digging out process and not liable to perforate the tympanum, an experience which the writer had been subjected to.

Stretching the Perinaeum.

M. E. Van Meter, M. D.

In the May number of this Journal appears an article from the pen of one of our ablest colleagues, from which our experience forces us to dissent. As well might we say we would not help the horse up the hill by taking the load off the wagon, as to say we do not expedite labor by doing in a few minutes with our hand, what it might take hours of hard and painful labor-throes to accomplish.

The stretching of the perinaeum alone, would prove but a slight obstacle to the progress of the child, for the expulsive power developed in labor is not only sufficient to *dilate* the perinaeum, but to *tear* it; a thing that often occurs when the mother happens to have a large and roomy pelvis, allowing the rapid descent of the head. But in an ordinary case—especially in a primipara who has never had her perinaeum stretched—when the head is passing beneath the pubic arch, it is often so firmly impacted therein that the slightest additional obstruction will prove a very formidable barrier to a rapid and easy delivery, and in some cases to a delivery at all, without our aid. And why should this not be true? Five pounds is a small load for a man to bear, but if he was already burdened with every pound he could possibly stand, the addition of five pounds—though small of itself—would have the same effect on his strength as would a *hundred* pounds. So it is in labor; the force required for stretching the perinaeum, alone, is a small matter of itself, and it offers but little resistance when there is a roomy pelvis. But suppose we have to deal with a narrow pelvis where the head is wedged in the inferior strait, and it requires every particle of force that the patient and nature can muster to

move the head at all, and as often happens, there will be one hard pain after another without any perceptible descent whatever. Is it reasonable to think that the additional resistance of a thick, unyielding or rigid perinæum would not be enough to completely obstruct the progress of labor? We think not. In this class of cases we make it a rule to make traction by hooking in the first and second fingers and causing them to glide from one side to the other, all the time pulling the perinæum away from against the child's head, and always with happy results. Time and again, have we had cases where the head would remain fixed, in spite of repeated hard expulsive pains, which would soon descend when we had removed the pressure of the perinæum. The head could be felt following the finger down at each pain when the perinæum had been pulled out of the way. We never observed any irritation nor dryness produced. And if there should be, it could be easily overcome by anointing the parts with some mild unguent. Neither do we think we have had more than the average number of lacerations; but on the contrary our patients usually exclaim, "I never had such an easy and quick time."

The Druggists and Doctors.

A. B. Simmons, M. D., New Jerusalem, Cal.

The introduction of the various Coal Tar derivatives and the general and liberal manner in which they are being advertised, opens up another avenue through which the druggists are encroaching upon the province of physicians.

This fact was forcibly impressed upon my mind a few days since, when upon entering a drug store I saw a weak debilitated and forlorn looking man awaiting for the druggist,

who was filling a prescription from some doctor behind the prescription case. As soon as he appeared, the man asked for ten cents worth of Antipyrine, which was weighed out to him. How much he got for ten cents I did not learn, but noticed that the druggist asked him if he knew how to take it. The reply was, I usually take ten grains, indicating that he used the agent regularly. For what special purpose he used it I did not learn, but could not help wondering how or from whom he learned the name of the remedy or the indications for its use, and the size of dose required to produce a certain effect. Did some physician unthoughtedly tell him when and how to use it? Did he get it from the company's advertisement or did some *druggist* at some time suggest that he could give him something that would relieve him of his trouble and that that something was Antipyrine, just what a doctor would give him if he consulted one? More likely the latter, and it is not at all improbable that this very occurrence was at some time when the man had called to ask the druggist's advice in regard to the Drs. of the place and which one he would better consult. I know by observation that just such displays are of daily occurrence in the drug stores, and with druggists too, who will gravely tell you that a doctor cannot fill a prescription properly, not even one of his own writing. I will admit that some of the druggists' work is rather tedious and "mussy," yet shall have to contend that Doctors generally, are about as competent to fill prescriptions as the ordinary druggist is to prescribe for the sick, and especially to prescribe agencies which, like Antipyrine, have been known to produce deleterious effects when given in excessive doses. Drug stores are a necessity in every community; the business is a legitimate one when conducted through legitimate channels, but so long as the proprietors or clerk

persist in prescribing, and recommending patent and proprietary medicines in cases, rightfully belonging to the physician, I for one will write but few prescriptions.

Pepsin.

G. P. Bissell, M. D.

This is a valuable remedy when given as it should be. But I apprehend that, like opium, its employment is abusive more often than useful.

To illustrate its abuse I will narrate an incident that occurred within my knowledge. It so happened that a San Francisco doctor of the old school who had come among us aborigines to rusticate was calling on me and in our comparison of notes the conversation had drifted to the merits of pepsin as a remedy for indigestion. While we were talking a lady came in (for I keep a drug store) and asked for a particular French preparation of Pepsin which I did not have in stock. She insisted on that article and said that she was obliged to take it—had used it for the last six years.

When she left I turned on the doctor with the remark that here was a good illustration of the value of pepsin in chronic indigestion; that she had taken it for six years and was no nearer cured now than six years ago. I will not take my oath that I did not put in a word or two that is usually spelled by a ———.

This illustrates what I call the abuse of pepsin. One gets accustomed to its use just as he does to opium or whiskey and can not do without it. In my observation pepsin never cured a case of dyspepsia. It does not strengthen the digestion but on the contrary, weakens it.

According to a well known law of physiology that the function of an organ is strengthened by its moderate use and

weakened by disuse, it must necessarily weaken; for here an aid to digestion is habitually introduced into the stomach which makes the secretion of the stomach superogatory and hence it is diminished or checked.

Whoever prescribes for indigestion will do well to bear in mind that, that function needs strengthening. Just at first pepsin may come in well, to give the stomach rest, and as a starter, but will weaken if long continued.

Fashion of late prescribes lots of other slops in convalescence, such as wine, porter, malt ale, kumyss, etc., until we wonder how without their aid man ever recovered in days of barbarism.

Well, after all this tirade, when shall we use pepsin. Plainly, in two classes of cases. First, when we want to make money and do not know what to prescribe. Second, whenever the powers of digestion are so weakened that they need a temporary aid to recover their tone. In infantile diarrhoea especially, and in adults where the condition is similar. Used here it will do great good if left off when the good has been secured. But if the patient is to be fed on it, I humbly suggest that it is not as good a permanent food as might be chosen. Something nourishing would be better. But if it be used as a medicament then something that will strengthen the weakened or perverted power of the digestive organs will more nearly meet the indications. For perversion springs first from weakness.

☛ The second annual meeting of the American Electro-therapeutic Association will be held in New York, October 4th, 5th and 6th, 1892, at the N. Y., Academy of Medicine, 17 West 43rd Street.

W. J. MORTON, M. D.,
President.

H. R. BIGELOW, M. D.,
Secretary.

Some Things That I Have Learned.

G. P. Bissell, M. D.

The editors urge that we shall give proved formulæ, so I send a few. These are mostly for symptoms:

FOR ITCHING OF THE SKIN.

Chloral Hydrate 1 or 2 drams.

Water 4 oz. Bathe.

ITCHING OF SCALP.

Chloral Hyd. 1 or 2 drams.

Water and Bay Rum each 2 ounces.

Cantharides 1 dram and Quinine 1 or 2 grains may be added when the hair follicles need strengthening.

Resorcin may replace the Chloral Hydrate in either of the above, and *must* if there is abrasion.

I have learned too, that a tea of red clover blossoms, taken internally and applied externally is better than any one single remedy in skin disease, especially if it be popular.

FOR ITCHING OF PRIVATES.

Resorcin as above in solution, also red clover. But best of all to allay the itching is

Oil Bitter Almonds 30 drops.

Oil sweet Almonds 1 ounce.

For earache, equal parts of sweet oil and laudanum often gives relief.

But if there is a small boil or a discharge, a few drops of carbolized oil is useful.

FOR TOOTHACHE.

Sulph. ether, oil cloves and oil pennyroyal on a pledget of lint gives instantaneous relief.

FOR VOMITING OF PREGNANCY.

A hypodermic injection of Atropia 1-150 grain Strychnia 1-75 grain dissolved in 10 minims of water, will cure.

FOR WHOOPING COUGH.

Use a spray composed of

Carbolic Acid $\frac{1}{2}$ dram.

Brom. Pot.

Chlor. Pot. each 2 dram.

Glycerine 2 ounces.

Water 6 ounces.

Use a teaspoonful at a time and use often. The child will learn to shut his eyes and open his mouth for it. Then use Drosea and you will cure every case.

For cold feet. Make sacks of flannel cloth as large as the palm of the hand. Fill with sulphur and bind on the bottom of the feet at night. It will also cure cramps in the legs at night.

Picrotoxin 1 grain, water 4 ounces; teaspoonful doses will stop night sweats, too profuse perspiration, and sweating feet.

For infantile colic remember that a tea made of catnip is good. But be always suspicious of the mother's diet and habits. I have used with good effect 1 drop of Colocynth to 2 or 3 ounces of water; teaspoonful doses.

If the infant is costive, see to it that it gets more cream and less milk for its food.

When older, do not forget Phosphate of Soda as a remedy.

FOR EYE WATER.

Belladonna 1 drop.

Borax $\frac{1}{2}$ grain.

Water 1 ounce.

FOR ENURESIS OF THE YOUNG.

Belladonna 10 drops.

Water 4 ounces.

Teaspoonful doses.

Sometimes add Nux Vomica especially where there is feebleness, and for old persons.

Now if the editors will do as well as I have in giving formulæ, they will do better than I have seen them do.



SELECTIONS.

TURPENTINE IN POST-PARTUM HEMORRHAGE.

CASE 1.—Mrs. S.—, aged forty-four, mother of eighteen children, one pair of twins. Large, fleshy woman, strong as a man. No trouble in previous confinements, having never called a doctor in any of them. Her eighteenth labor occurred at full term and again no doctor was called. About an hour after the completion of the second stage severe flooding began, and a messenger was immediately dispatched for a doctor. Being ten miles out of town, about two hours elapsed before I reached the bedside. I found her cold, pulseless, and speechless, lying in a bed literally soaked in blood. On making an examination I found a large, flabby uterus and a tightly adherent placenta, which I removed with great difficulty. I then saturated my handkerchief with spirits of turpentine, and swabbed out the uterus, which immediately responded to the stimulus, and contracted so vigorously as to squeeze out my hand. Not another drop of blood was lost, but the patient did not rally and in a few minutes expired, completely exsanguinated.

CASE 2.—Mrs. H——, primipara, aged eighteen. Pale, anæmic woman, weighing about one hundred pounds. Labor was long and severe. She began flooding a few minutes after the child was born. The after-birth was delivered by Crede's method. The flooding became more profuse after the delivery of the placenta. I gave a hypodermic of 20 minims ergotole, followed by a drachm of fluid extract ergot by the mouth; vigorously kneaded the abdomen, and applied cold cloths over the uterus and thighs, without diminishing the hemorrhage. As the patient was rapidly sinking I hurriedly soaked my handkerchief with the turpentine and mopped out the womb, when it instantly contracted so vigorously as

to squeeze out both my hand and the handkerchief, and there was no more bleeding. The slight smarting caused by the turpentine seemed to revive the patient, who shivered slightly, opened her eyes, and asked: "Doctor, what's that?" The only real discomfort she complained of was a slight smarting of the perineum and anus, caused by the excess of turpentine running over the parts—for I did not take time to measure the amount on my handkerchief. She made an excellent recovery.

I would not advise using a handkerchief if a piece of clean linen is at hand; but as time is precious, and turpentine is an excellent antiseptic, no sepsis need be feared.—B. J. WETHERBY, in *Med. Record*

SURGICAL SHOCK.

Dr. J. H. Packard, of Philadelphia, distinguishes shock from collapse.

It is desirable that more accurate observations and records should be made of the early phenomena in shock. Especially is the temperature to be taken. The skin is cold, but is the temperature always so? The author has seen reduction of temperature usually when taken. It has fallen in two cases on record below 82° F. It should give some indication as to the necessity for heroic measures.

He mentions the following points to prevent surgical shock—obviate prolonged narcosis, do not expose patient to cold or to unnecessary wetting during operation, etc. If before undertaking the operation the pulse flags and becomes irregular under ether, abstain from operating. As to treatment, it has consisted in application of heat, stimulants by hyperdermatic injection, driving blood centrally, etc. He has not used injections of nitro-glycerine.—*N. Y. Med. Record*.

EARLY OPERATIVE INTERFERENCE IN ACUTE PERITONITIS.

Lydston (*Western Medical Reporter*) believes that no such thing as primary idiopathic peritonitis exists.

Even though the trauma be so slight as to leave no trace which is visible at post-mortem, it may be sufficient to light up peritonitis.

Typhlitis and perityphlitis are also far more frequent in children than is generally believed, and in them these inflammations have a pronounced tendency to general extension.

The author has formulated his views of acute peritonitis as follows:

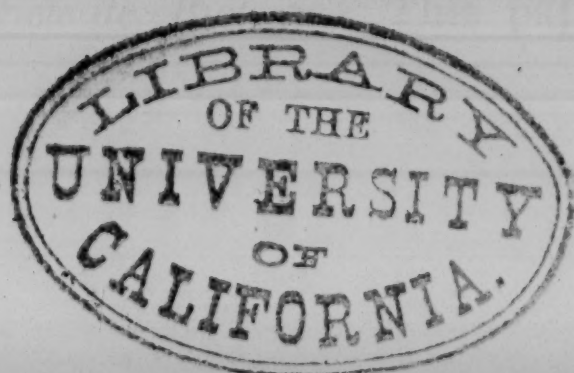
1. The existence of acute idiopathic primary peritonitis remains to be placed.
2. The majority of cases of so called idiopathic peritonitis in children will be found, upon inquiry, to be traumatic.
3. Slight injuries of the abdominal contents are relatively more dangerous in children than in adults.
4. Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation, which runs a rapid course, and extends to the general peritoneum without the intervention of appreciable local changes.
5. The profound prostration and cardiac inhibition characteristic of peritonitis are, in a great measure, incidental (1) to tension of the peritoneum produced by inflammatory products, with a consequent reflex inhibition of the heart, and (2) mechanical interference with the heart's action.
6. Surgical interference is indicated in all severe cases of general peritonitis and in cases of localized suppurative inflammation, or in cases of perityphlitic origin, whether due to foreign bodies or not.
7. There is every indication present for operation, and no logical objection to it. The operation is almost invariably palliative, if not curative.
8. Operation in no sense impairs the chances to recovery. *Per contra*, it enhances them to a great degree.
9. No case should be allowed to die without operation, unless already *in articulo mortis*.
10. It is not necessary to make a large incision, except

in cases in which perityphlitic abscess is known to exist which is rarely the case in children. If perityphlitic abscess exists and is recognized before operation, the incision should be made at the most favorable point, which in the majority of cases is the typical line for ligation of the common iliac, as pointed out by Murphy and Lee. In by far the majority of cases in children a simple median exploratory incision, with flushing of the abdominal cavity, is sufficient.—*Cin. Lancet Clinic.*

TREATMENT OF FOREIGN BODIES IN THE STOMACH WITH POTATOES.

Foreign bodies which have been swallowed are either voided per anum; make their way by ulceration through the coats of the viscera and thus cause effusion and so death; lodge in the tube and cause obstruction; or set up an inflammation of the viscus which may, even without perforation, spread to the peritoneum. These foreign substances are: (1) Round or flat bodies, such as money, fruit stones, bullets, pebbles, etc.—the least dangerous of all; (2) Those which by accumulation form large masses, such as hair, strings, husks of grain, etc.; (3) Sharp-pointed or cutting bodies, such as pins, fish or other bones, knives, etc. The latter are frequently fatal. The routine treatment has been to avoid purgatives, give opium if needed to quiet the bowels and still pain, and encourage the patient to take only bulky and constipating food, hard-boiled eggs, cheese, etc. A better method, it seems to us, and one less likely to cause digestive disturbance is to restrict the diet entirely to potatoes, which may be given prepared in various ways, as baked, boiled, fried, chipped, stewed in cream, lyonnaise, etc. This method originated with London thieves and those who uttered false coin, who when detected would swallow the bad coin, or the jewel and then resort to the potato diet for its recovery.

Salzer of Vienna reports the case of a boy who swallowed a brass weight of three hundred grains, and on whom a physician was about to perform gastrotomy. He put the lad in bed; kept him on his right side to facilitate its passage through



the pylorus, and fed him potatoes cooked in different forms. In five days the weight was compelled to retreat, by the constant accession of reinforcements from above and leave the field to the potatoes. With equal success he treated a case in which set of artificial teeth had been swallowed, also a scarf pin two inches long. Hochenegg in 1889 also treated with potatoes a case in which a long nail—"ten penny"—was swallowed, and after nine days the nail was secured.

Potatoes contain nearly twenty per cent. of carbo-hydrates, eighty per cent. being starch and cellulose. A large part resists the action of the digestive juices, and lead to the accumulation of a large amount of indigestible residue, which distends the intestinal tube, obliterates the folds of the intestine, and thus prevent fixation of the foreign body, which will generally be evacuated in from five to nine days. In every case which does not seem desperate, a trial of this simple treatment should precede resort to gastrotomy. Billroth is reported to have said that since the introduction of this procedure, gastrotomy for foreign bodies should become an obsolete operation.—*Mass. Med. Jour.*

JOINED AT THE SPINE—A CASE THAT RIVALS THE FAMOUS SIAMESE TWINS.

Near Forsyth, (Mo.), there is living on a farm one of the strangest freaks that have ever been heard of. The freak is the son or daughter or both of James Howard, a farmer. There is a perfect double child of both sexes, but connected in such a way that no possible surgical operation can separate them.

The children are now seven years old. They are perfectly formed, with the exception that they have about eight inches of spinal column in common. They are back to back, and ten inches above the end of the spinal columns the bones merge into one column with a single spinal chord. The bodies separate again and the lower parts are entirely distinct.

Howard has been approached several times by museum men, who have heard of the freak, but he steadily refuses all offers to exhibit the children. The children play and act as others of their age do, and seem in no way affected by their singular situation. They have much difficulty in locomotion, but they have hit on a plan of their own whereby they get about.

They have an understanding, and when one wants to go forward the other is told and walks backward. They have done this so much that they can walk either way very readily. They have no thoughts in common, and are apparently thoroughly distinct with the exception of the slight connection of their spines.

THE THERAPEUSIS OF STRONTIUM.

In these days of synthetic chemistry and of research for new remedies, it seems strange that strontium, a mineral capable of forming a great number of crystallizable salts, a substance known to every school boy for the marvelous beauty of its flame, should remain absolutely unknown in the domain of therapeutics. Its possible contamination with barium may have had some effect in producing this result—the bromide of barium being as far above the bromide of potassium in toxicity as the bromide of strontium is below it—but such a reason is insufficient to account for the total neglect of strontium by the medical profession. Constantin Paul, no doubt, reflected the general opinion in regard to strontium when he said “I knew little about the substance except that it formed part of the composition of the Bengal light; I did, however, know that it was one of the ingredients of Carlsbad water.” This investigator has now used in his practice over six pounds of the lactate of strontium and in no instance has he noticed any intolerance for the drug. Many other observers have also employed strontium, both in hospital and private practice, since M. Laborde read his paper on the innocuity of the salts of strontium before the *Societe de Biologie*. This paper was

read on the fourth of July, a day memorable to us by its exhibitions of strontium—but not in the medical sense. After this paper was read a great many of the best French physicians used the drug, and, singularly enough, they all laid stress on the fact that strontium was not poisonous—in fact it appeared to be an efficacious remedy without any dangers whatever. M. Fere made experiments on rabbits with most all the mineral bromides, the intravenous injections being pushed to the lethal extreme. All the animals died in convulsions. The toxicity of the strontium salt was far below that of potassium; lithium and sodium required higher doses than strontium to produce death, but the convulsions produced by the latter were less marked. This observer has used the strontium bromide with good results in epilepsy, in doses of 80 to 90 grains a day.

M. See has employed the lactate of strontium in Bright's disease, in which it acts very favorably, principally through its influence on the digestive and assimilative organs. M. Dujardin-Beaumetz has also reported very favorably in regard to the value of strontium where there is disorder of the digestive functions.

M. Constantin Paul published (*Les Nouveaux Remedies*) details of twelve cases of Bright's disease treated by the lactate of strontium. As this drug is not a diuretic it might be given advantageously with diuretin-Knoll.

M. Paul concludes his paper as follows:

"Strontium is not toxic; it is not a diuretic; it diminishes the albumen well and rapidly in epithelial and parenchymatous nephritis, but it does not suppress it entirely; if the administration of the drug is stopped too soon the albumen increases at once. The diminution of the albuminuria is followed by a very notable amelioration of the other symptoms and the patient exhibits much improvement. The presence of fever, even intense, does not prevent the action of the lactate of strontium in parenchymatous nephritis.

"I have no personal experience in the use of the drug in maladies of the stomach, or of the bromide in epilepsy, but

I administered the latter salt to a young woman, the subject of hystero-epileptic attacks recurring at the menstrual period. These attacks had resisted the use of bromide of potassium in doses of 60 grains a day; the bromide of strontium given for two months in doses of 90 grains a day appears to have succeeded as she has not had any attacks during that time."

The necessity for a perfectly pure drug, absolutely free from the presence of barium, is insisted on by all observers; and we are glad to state that the enterprising house of McKesson & Robbins, N. Y., have placed such a preparation on the market, in the form of lactate and bromide, syrup or solution, in pound bottles.—*Ex.*

PRURITUS OF THE VULVA.

Mrs. ———, aged 70, a patient in the Old People's Home, had suffered at frequent intervals for more than twenty years with an intolerable pruritus of the external genitals, which extended to the anus, the gluteal region, and even to the inner surface of the thighs. It first came just after the climacteric, and commenced with an intense heat and puffiness of the parts, which would be followed by an itching that drove her almost distracted. The paroxysms usually recurred two or three times a week, but now and then she would escape them for seven or eight days. When they were on, nothing would relieve the suffering except to sit down in cold water.

After the attack, the skin of the parts, which had been perfectly smooth and without any eruption, would be covered with watery exudation that would soon dry off and leave the surface covered with scales that soon dropped off.

She had taken all kinds of internal medicines and all sorts of salves and ointments locally. I first ordered topical applications of the peroxide of hydrogen, one part to twelve of water, but the relief was so slight that I changed it to one part in eight, and finally told her to use it in the full strength. She did so, and the relief was marked and immediate. At first the intervals between the attacks were prolonged, but

EDITORIAL.

Maternal Impressions.

Medical Journals are teeming with articles *pro* and *con*, on the much mooted question of *maternal impressions*. Thomas in his late monograph on 'abortions,' says from the very nature of things, it is a matter of impossibility for the *mental* impressions of the mother to make *physical* impressions on the child in utero. Other writers in long dissertations on the subject go on to show how such a thing is both possible and probable. I shall not endeavor to demonstrate the plausibility of either of these theories nor enter into a hypothetical discussion of this question; nor try by physiological or anatomical reasoning to show the physical unity or sympathetic affinity existing between the mother and her intra uterine fetus; but will simply relate facts, of which I am cognizant, and let each draw his own conclusions as to the relations of the *causes* and *effects*.

CASE 1. Mrs. —, an aunt of mine, was born with one hand, the other being neatly amputated at the wrist joint. At the time of birth the process of healing was almost complete, the stump having a rounded appearance.

ACCREDITED CAUSE.

A few months before birth—I have forgotten just how long—a man came to my grand-mother to have his arm dressed, which had been nearly severed at the wrist, by a blow from an ax.

The most interesting feature in this case is, that the amputated hand was born one month before the child.

The only feasible theory, to my mind, in this case is, that the amputation was not from maternal impressions; but that in some way the hand had been forced through the membrane, high up, and that the arm so tightly filled the opening in the membrane as to prevent the escape of the intra uterine fluid; that the membrane contracted around the wrist gradually cutting it off and that when the amputation was completed the opening was quite obliterated. I can think of no other way for the hand to escape through the membrane, without the loss of the liquor amnii and a consequent premature labor.

CASE 2. I used to know a boy of my own age, who had a patch of hair as large as a hand, between his shoulders. His mother gave as the reason for this mark, that while she was carrying this child, a neighbor came into the yard one day, when her two large dogs made a savage attack upon him, one of them jumping upon his back, and it was with much difficulty that she succeeded in beating them off.

CASE 3. The same lady some ten years later—having had three perfectly formed children in the meantime—gave birth to a child (boy) which I can scarcely describe. The tongue was three or four times its proper size and was almost constantly lolling from the mouth. The child never learned to walk, nor talk, but made a peculiar unpleasant moaning or grunting noise. It barely knew enough to feed itself when food was placed before it. It grew to the height of a child of two years, though its weight was that of a child four years old. It died when almost eight years old.

The mother gave the cause of this misfortune to be this: During her pregnancy, which included the winter months, a new born calf was brought into the house. It had its feet

frozen, and its tongue was hanging from its mouth, and it kept up a moaning noise.

CASE 4. A neighbor woman, whom I knew well, gave birth to a child perfect in every way except that its head was in fragments as though it had been blown off by a shot-gun.

Supposed cause: The husband who had been out squirrel-hunting came home and threw his game down near his wife. The head of one of the squirrels had been shot away.

CASE 5. A lady patient of mine sent for me to attend her in confinement; not finding me, the messenger got another physician, who allowed the child to die, it being deformed and making a noise like the cry of a rabbit. Its motions were of a spasmodic or jerking character.

Cause: The lady was going along the road with her husband, who had his gun, and seeing a rabbit, shot, severely wounding it. It fell over on the ground kicking around, and uttering a peculiar cry.

If these were not direct causes and effects, they were certainly very strange coincidents. v.

Prof. Fearn writes us that his prescription on page 191 of the May JOURNAL, instead of reading:

Sol Cocaine 4 per ct.	3 iij
Lloyd's Hydrastis	3 iv


M

Should have read:

Sol. Cocaine 4 per ct.	3iij
Lloyd's Hydrastis	3 iv
Aqua q. s. ft.	3 iv

M

v.

 Buy your specific medicine from the California Drug Co., College Building, 1420 Folsom St., San Francisco.

A Queer Case.

Not long since, I received a message from my friend and co-worker Dr. E. H. Mattner, asking me to come to his office as soon as office hours were over, as he wanted me to see a case with him. Soon after, he sent a second message, asking me to come over at once as he had another case which he wished me to see. I went to the doctor's office and he told me he had a case of 'prolapsed cord,' but that we would see the other case first. Thinking the prolapsed cord of vital importance I suggested that we attend to it at once or we might lose the child. He then told me that it was a miscarriage at the fourth or fifth month. Thinking that the woman was at home in bed and as the other case was waiting in his office, I concluded that we might examine it first which we did. When this case had been dismissed, the doctor went to the door of his waiting room and asked a lady, who was in waiting there, to come into the consultation room, which she did, smilingly and seemingly in perfect health and as lively as a cricket. Imagine my surprise when told this was the lady with the prolapsed cord. And now the strange part: When the patient had been placed on the operating chair I found a loop of cord six or seven inches long, cold and flabby and no circulation, hanging from the vulva. This was at about 4 P. M. The lady said that she had gotten a fall at about 8 A. M. in getting off of the cars at the ferry, on the Oakland side, as she came over to the city and that at 10 A. M. the cord came down. That she had not had a pain, had lost no blood, and no water, nor had she felt the least discomfort in any way whatever.

I urged her to take a room at the doctor's, his office being at his residence, and told her to go to bed at once. She

laughingly replied that she was all right, that she would go out and hunt up her husband and they would then get a room. We told her she might be seized with pain or a severe hemorrhage and that she ought not, under any circumstance, go on the street; but as she would not heed our warning, the doctor gave her some medicine and she went out, found her husband, and together they went quite a distance and secured a room. We heard nothing more from her till 7 p. m. next day. When the doctor telephoned to me to come over to his office. I found the lady again present and as lively as before. She said she had passed the child that morning, but had not had a pain, and that the after-birth had not come away. We again put her on the chair, and worked a full hour with forceps and curette clearing the uterus, getting the placenta away piece-meal. The lady meanwhile laughing and talking, though she had nothing whatever to make the operation painless.

After clearing the uterus of its contents, we washed it out with a bichloride solution; the lady returned to her room and the next morning returned to her home across the bay. Has any one seen a similar case? v.

The twenty-eighth annual meeting of the Ohio State Eclectic Medical Association will be held at Youngstown, O., Thursday and Friday, June 9 and 10, 1892. President, Kent O. Foltoz, M. D., Akron; corresponding secretary, John K. Scudder, M. D., 228 West Court street, Cincinnati.

We have received a beautiful and unique programme for the commencement exercises of the E. M. Institute of Cincinnati. The programme shows the names of fifty-four graduates and an interesting order of exercises. v.

Cocaine.

This valuable drug has been scientifically studied by Dr. W. A. Hammond, of New York, using himself for the subject. He injected subcutaneously as high as eighteen grains, in four equal portions, five minutes apart. He soon thereafter became unconscious and remained so till next day, when he awoke but little the worse from his large dose. While the doctor claims that there has never come to his knowledge a case of fatal poisoning from cocaine, yet he would recommend its use, in the usual strength—4 per cent. Previous to taking his eighteen grain dose, he had experimented, in the same way with eight, ten and twelve grain doses, without any serious results.

Dr. Hammond claims that there is no such thing as a 'cocaine habit.' He arrives at this conclusion from his own use of the drug, having used large amounts daily for months together for an unusually severe rhinitis, and found no trouble in quitting its use, and no desire for its peculiar effects. Dr. Hammond is good authority, but we prefer that he continue his experiments upon himself, for we know that a few applications of an ordinary solution, to the lining membrane of our nose, has more than once, placed us in a very uncomfortable, if not alarming condition. Our personal experience with the drug would make us wonder at any one ever acquiring the habit of using it. We have such a dread of the awful, peculiar and sick feeling which it produces that we prefer suffering a great deal from disease rather than seek relief through its influence. We have sat up in bed at night for hours with an asthmatic cough, holding in our hand an atomizer containing a solution of cocaine, dreading to use it, though we knew that the cough could be stopped in twenty minutes by using the spray.

peculiar feeling it produces, is indescribable. Cold, clammy hands and feet; general perspiration; the heart will flutter then stop, pulse exceedingly weak, with a general feeling which we can not describe. All desire for sleep is gone and a general feeling of prostration supervenes. Muscular weakness is very notable, and if used for a few weeks, only as a spray in the nose, there is rapid emaciation, and flacidity of the muscles. We want none of it in ours, only when compelled to use it. v.

Be Interested.

This is not a political Journal; but as politics and medical preferment in public offices are closely allied, we offer no apology in calling the attention of our Eclectic physicians to the necessity of being interested in political matters that they may be able to wield the proper influence, and demand the just representation as a School of Medicine to which they are entitled. We advocate no party. We care not what your politics may be; we simply desire that you should make yourself so useful to your party, that your claims cannot safely be ignored.

Politicians may be patriots, and burdened with a sensitive conscience; but the overwhelming desire which balances all others is the desire to succeed. Show them that you control votes and they are your friends. If you are not active and useful, they have no use for you. You must run with the machine, and do good service, if you expect to be honorably mentioned when the fire is extinguished.

Do you for a moment suppose that if the Eclectics and Homœopaths of this State demanded from one of the candidates for governor during the last campaign, a just repre-


sentation, that they would not have elected whom they chose, and obtained what they desired? We have strength enough to hold the balance of power and dictate terms. Two years from now a governor will be asking for your suffrages. Let us be prepared and united, irrespective of party, to enforce our rights.

We desire to call the attention of our readers to the new advertisement of Reed & Carnrick.

This firm has spared neither labor nor expense to perfect their Infant Foods, in keeping qualities, by sterilization and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all-Milk Food, for young infants, and Carnrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and that they are the only Infant Foods in the market that will alone thoroughly nourish a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition and taste.

We are in receipt of a very pleasant letter from Dr. A. A. Sander, one of our last year graduates, who is now attending the University of Berlin. He writes that his diploma from our school was recognized there and that he matriculated with full title and honors. He also says that there is no objection there whatever, to Eclecticism, one of the professors telling him that they all (the students) ought to be Eclectics.

v.

 Do you want any Surgical Instruments? The California Drug Co., College Building, 1420 Folsom St., San Francisco.

Chronic Ulcers.

For chronic ulcers of the irritable type, I have had good results from the following treatment:

R	Pul. Hydrastis	
	Pul. Opium	aa 3 j
	Bis. Sub. Nit.	3 viij

M

After having cleansed the parts with warm water and a very soft sponge or some cotton, I fill the ulcer full of powder, over which I place a thin compress of cotton and apply firm pressure with a roller bandage, and order that it be not redressed till the discharge begins to show through the bandage. When the bandage is removed, if the crust, which is formed by the secretion and powder, comes away with the compress, fill the ulcer again, without washing, with the powder. But if the crust adheres to the sore, remove it by gently washing the parts as before; then apply the powder. If there be much heat and swelling, I advise rest with the foot elevated.

For ulcers of the indolent type I use the following:

R	Acid carbolic	
	Ol. Tar.	aa 3 ss
	Balsam Peru	3 j
	Bis. Sub. Nit.	3 iv
	Vaseline	3 ss—j

M

I order this used the same as the powder except that I have the ulcer cleaned with some stimulating wash such as carbolic soap, tar soap, or the green soap.

Compression has always, in my experience, controlled exuberant granulations. I saw a case a few days ago, in consultation, in which I recommended Spe. Echinacea both internally and as a topical application. The

This case was an old lady. She had two ulcers, one on the front aspect of the ankle, the other on the outer side of the top of the foot. They were both deep putrid sores, full of an ichorous matter. The leg was much swollen to the knee, purple, edematous, and very painful. In ten days the doctor reported that the swelling and discoloration were gone, and the sores were nearly healed, in fact the treatment had acted magically.

v.

Petit Mal.

We are treating a case of *Petit Mal.* in a young lady who has gone the rounds of treatment, in spite of which she was growing worse.

She had had Galvanism, Faradism, all the bromides, chloral, and the so called specific *Ænanthæ Crocata*, but all to no purpose. She has large scars on the back of her neck resulting from the use of caustic.

After having tried various remedies, I put her on the following:

R	Fl. Ext. Belladonna	
	Fl. Ext. Cannabis Ind.	aa 3 j
	Fl. Ext. Ergot	3 ss
	Glycerine	3 j
	Aqua q. s. fl	3 iv

M. et. S. Begin with $\frac{1}{2}$ teaspoonful three times a day and if no bad head symptoms develop, gradually increase to a spoonful at a dose: also

R	Zinci Oxidum	grs. xl
	Ext. Tarax q. s.	
	Ft. mas. et. div. pil.	no. xx

S. One pill three times a day in alternation with medicine in bottle.

She has had but one attack in the last month. Whether this improvement is permanent or not remains to be seen. She says the medicine affects her eyes and causes almost a constant headache. I have ordered that she discontinue the bottle medicine for a week or ten days and then to begin taking again.

v.

We are receiving many complimentary letters regarding the JOURNAL. While we do not wish to praise the JOURNAL, we feel that it is better than some, and with the proper interest manifested by its readers, we will be able to make it a welcome visitor to the offices of our many subscribers. We are sure, there are many in our ranks who would prove able writers if they would but contribute to the JOURNAL's pages. Those who are showing their interest by sending in their contributions are doing a good work, in a good way, in a good cause. Keep it up gentlemen, and do not grow weary in well doing. Do not allow your lights to be hidden under a bushel, but let them shine that others will be constrained to contribute their mite toward making the CALIFORNIA MEDICAL JOURNAL one of the best.

v.

This Journal is in receipt of a Lithograph "Cerebral Localization" according to Messrs. Horsley, Beever and Schafer. To any one who does, or intends to do, any "cerebral surgery," this chart will be found an invaluable aid; especially if the case be one that requires LOCALIZATION. We can endorse this chart as being as near correct as any now extant; and congratulate the Dios Chemical Co. in their progressive ideas in offering this valuable aid to the profession free of charge, upon application. Address Dios Chemical Co., 914 Locust St., St. Louis, Mo.

v.

Dr. J. M. Richmond of this city, sustained a fracture of the tibia just below the knee, by having been thrown from his buggy by a runaway team. He has the warmest sympathies of his friends, who are many, in his affliction and their hope is that he will soon be on his feet again.—*The Medical Herald*.

We are sorry to hear of Dr. Richmond's misfortune. He was one of our most esteemed teachers, when we were attending the St. Joseph Hosp. Med. Coll. He was an able teacher, genial and kind, and in manners a PERFECT GENTLEMAN. He always showed a warm interest in the progress and welfare of his class. To know him is to respect him. We remember that Dr. C. F. Knight, who was at the time our Prof. of Obstetrics, also suffered from a similar accident as that which has befallen Dr. Richmond. v.

We wish to call the attention of our readers to the fact that the California Drug Co., is now prepared to furnish physicians, on short notice, with any and every thing they may want in the way of medicines, books, instruments and surgical appliances. Anything not in stock will be ordered for the purchaser. A full line of Lloyd's Specific Medicines always on hand. This company is composed of the following named gentlemen, whose business ability and integrity will insure prompt attention to all orders and fair dealing with all their patrons.

DR. D. MACLEAN, San Francisco,

DR. S. L. BLAKE, Weaverville,


DR. A. E. SCOTT, San Francisco. v.

Married.

STARK—WADELL—April 26th, 1892, Dr. J. Stark, of Oakland, (class '89, Cal. Med. College), to Miss Ida Wadell.

W. P. Cleary long and favorably known to and trusted by this journal, has removed his office to 294 Broadway, New York, from which location he will be glad to transact any business entrusted to him, in the line of encouraging and promoting advertising connection between respectable and responsible advertisers and the best Medical Journals in every section of the United States. Preferred space promptly negotiated when exclusive right to dispose of same is placed with him. v.

Referring to Dr. Burleigh's letter in our April issue, we wish to say to the doctor that we will be pleased to publish his report of cases. We have asked many times that our medical friends throughout the country, send us the report of all rare and interesting cases. These with other original communications, will help make the journal both interesting and instructive. v.

 The California Drug Co., keep Books, Instruments, Medicines and a full line of Physicians' Supplies.

Officers and members of the National Eclectic Medical Association:

The Committee of Arrangements has announced a change of hotel and hall for the National meeting at St. Louis in June.

The Southern Hotel, the finest in the city, has been selected as headquarters. Rates to delegates and their friends when two occupy a room, \$3.00 per day. Single occupants \$3.50 per day.

The St. James, just across the street from the Southern makes a rate of \$2.00 per day. Both hotels furnish first-class accommodations.

The Olympic Theatre, opposite the Southern Hotel has been selected as the place for holding the sessions of the National Convention.

The remainder of the programme will be announced in open convention.

WILLIAM F. CURRYER, M. D.,
President of N. E. M. A.

BOOK NOTES.

"The Electro-Therapeutics of Gynæology" in two volumes with illustrations, by Augustin H. Gallet, M. D., Fellow of the New York Academy of Medicine and of the New York Obstetrical Society. Geo. S. Davis, publisher, Detroit, Mich.; price in paper 25 cents; in cloth, 50 cents.

No attempt has been made by the author to make this work scientific, but rather to make it practical for beginners. No library is complete without this series.

"Cancer, and its Treatment," by Daniel Lewis, A. M., M. D., Ph. D., Surgeon to the New York Skin and Cancer Hospital; Professor of Surgery (cancerous diseases) in the New York Post-Graduate Medical School. Geo. S. Davis, publisher, Detroit, Mich. Price in paper 25 cents; cloth, 50 cents.

The material for this book is based upon the study of 534 cases by the author, both in public and private practice. Some comparatively new methods of treatment are described; the caustic applications have received considerable attention; the author reiterates the importance of making an early diagnosis, to be followed up by prompt and radical efforts to remove the disease; will soon place cancer in the list of curable diseases.

A SYSTEM OF GYNECOLOGY, based upon a translation from the French of Samuel Pozzi, M. D. Revised by Curtis M. Beebe, M. D. Complete in one volume, 359 illustrations. Price, cloth \$6.00; sheep or half morocco \$7.00. J. B. Flint & Co., New York.

This work is the result of many years of practical experience as chief of the hospital service at Louraine, which is devoted especially to the diseases of women.

The book will be received with the greatest satisfaction by those who are interested in Gynecology. It is unnecessary to congratulate the author upon the production of this work, because he who gives the amount of labor required for the accomplishment of such a self-imposed task must feel intense gratification at what he has accomplished. We recommend this work on Gynecology to practitioners and specialists alike with no hesitation. It is a grand work and full of the best modern ideas on female diseases.

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DR. H. VANDRE *in an article on "OUR MATERIA MEDICA," read before the Eclectic State Medical Society of California, states as follows:*

"As far as regards specific tinctures, I will say they are far superior to, and far more reliable than the majority of the U. S. P. fluid extracts commonly found in drug stores.

The fluid extracts are often made from old musty and worthless herbs, having lost their identity and all their virtues; hence, if you desire a physiological action and expect any returns I can not recommend too highly Lloyd Bros.' Specific Medicines, from the simple fact that the old school have been using most of our preparations. Having had no results from their fluid extracts, hence they had recourse to the more powerful drugs in our materia medica to accomplish their purpose. Finally as results and comparisons will show, we give less drugs, more to the point and fewer passes to the cemetery."

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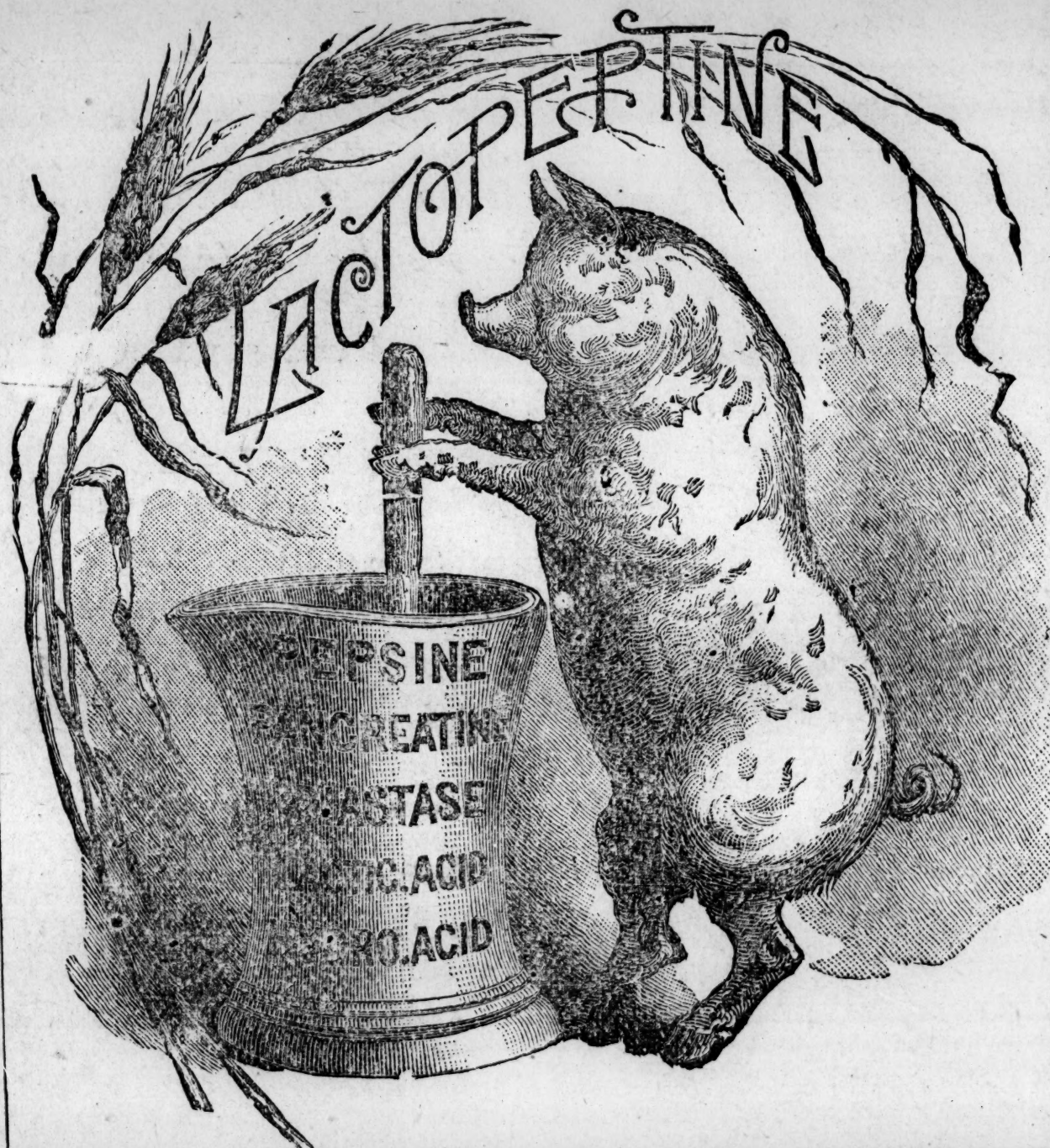
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